

Institutional Edit Requirements

Chapter 5

Element Name: Claim Form Type (1-204)

Validity Edits

1-204-01 VALUE MUST BE 'A' - 'J' IF FILING DATE \geq 10/1/93; OTHERWISE NO EDIT APPLIES.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|--------------------|-----------------------------|----------------------------|
| NONE | | |

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Element Name: *PCM Location DMIS-ID (1-205)*

Validity Edits

1-205-01 MUST BE VALID DMIS CODE.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|--------------------|-----------------------------|----------------------------|
| REGION CODE | SEE BELOW | |
| ENROLLMENT CODE | SEE BELOW | |

Edited Element Relationship

1-205-02R IF ENROLLMENT STATUS CODE = Z (PRIME ENROLLEE WITH MTF/CLINIC PCM)
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID

IF ENROLLMENT STATUS CODE = U (PRIME ENROLLEE WITH MCS CONTRACTOR NETWORK PCM)
PCM LOCATION DMIS-ID MUST BE BETWEEN 6901 AND 6912 FOR CONUS PRIMARY CARE MANAGERS, OR
PCM LOCATION DMIS-ID MUST BE BETWEEN 6913 AND 6915 FOR PRIMARY CARE MANAGER IN EUROPE.

IF ENROLLMENT STATUS CODE **NOT** = U OR Z (INDICATING NON-PRIME BENEFICIARIES)
PCM LOCATION DMIS-ID MUST BE BLANK

CONVERSELY,

IF PCM LOCATION DMIS-ID = BLANK (FOR BENEFICIARY NOT ENROLLED IN PRIME)
ENROLLMENT STATUS CODE MUST **NOT** = U OR Z.

IF PCM LOCATION DMIS-ID = 6900 - 6912
ENROLLMENT STATUS CODE MUST = U.

IF PCM LOCATION DMIS-ID = 6913 - 6915
ENROLLMENT STATUS CODE MUST = U.

IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID
ENROLLMENT STATUS CODE MUST = Z.

IF TIDEWATER PRIME ENROLLEE, AND
ENROLLMENT STATUS CODE = "U"
PCM LOCATION DMIS-ID MUST = 6501.

IF TIDEWATER PRIME ENROLLEE, AND
ENROLLMENT STATUS CODE = "Z"
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID.

IF TIDEWATER PRIME ENROLLEE
ENROLLMENT STATUS CODE MUST NOT = "E"
FROM SEPTEMBER 1, 1997 FORWARD ON NEW CLAIMS.

CONVERSELY,

IF PCM LOCATION DMIS-ID = 6501 (TIDEWATER)
ENROLLMENT STATUS CODE MUST = "U"

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Element Name: **PCM Location DMIS-ID (1-205) (Continued)**

IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID
ENROLLMENT STATUS CODE MUST = "Z"

NOTE: A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DoD CATCHMENT AREA
DIRECTORY (CAD).

Institutional Edit Requirements**Element Name: Number of Payment Reduction Days/Services (1-207)****Validity Edits****1-207-01 MUST BE NUMERIC.****Relational Edits**

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|--|------------------------------------|--|
| REASON FOR PAYMENT REDUCTION | SEE BELOW | AMOUNT PAYMENT REDUCTION ENROLLMENT STATUS |
| NUMBER OF PAYMENT REDUCTION DAYS/SERVICES | SEE BELOW | |

Edited Element Relationship

**1-207-02R IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK
 NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST NOT BE ZERO.**

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Element Name: **Provider Contract Affiliation Code (1-209)**

Validity Edits

1-209-01 MUST BE AN ALPHANUMERIC VALUE OF '0' (NOT APPLICABLE), OR '1' (CONTRACTED), OR '2' (NOT CONTRACTED) OR '3' (CONTRACTED/NOT CONTRACTED), OR '4' (ACTIVE DUTY - GSU).

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|---------------------------|------------------------------------|-----------------------------------|
|---------------------------|------------------------------------|-----------------------------------|

Edited Element Relationship

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Element Name: **Provider State or Country Code (1-210)**

Validity Edits

1-210-01 MUST APPEAR IN A FIGURE OF VALID STATE OR COUNTRY CODES.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|--|------------------------------------|---|
| PROVIDER STATE/COUNTRY CODE ¹ | SEE BELOW | BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE ¹ , PROVIDER TAXPAYER NUMBER ¹ , ZIP CODE ¹ , TYPE OF INSTITUTION ¹ |
| AMOUNT ALLOWED | SEE BELOW | |

Edited Element Relationship

1-210-02R MUST MATCH THE PROVIDER STATE/COUNTRY CODE ON THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES, AND INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, ZIP CODE, AND TYPE OF INSTITUTION.

IF AMOUNT ALLOWED \leq ZERO

DO NOT CHECK FOR MATCH ON PROVIDER FILE.

¹ **PROVIDER FILE**

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Element Name: Provider Taxpayer Number (1-212)

Validity Edits

1-212-01 MUST BE NUMERIC, OR FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND LAST 7 CHARACTERS MUST BE NUMERIC, OR FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND THIRD CHARACTER MUST BE = 'A' AND LAST 6 CHARACTERS MUST BE NUMERIC.

Relational Edits

| | Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|------------------|--|-----------------------------|---|
| | PROVIDER TAXPAYER NUMBER ¹ | SEE BELOW | PROVIDER ZIP CODE ¹ , TYPE OF INSTITUTION ¹ |
| 1-280-06R | BEGIN DATE OF CARE | | RECORD EFFECTIVE DATE ¹ , PROVIDER ACCEPTANCE DATE ¹ , PROVIDER TERMINATION DATE ¹ , AMOUNT ALLOWED |
| 1-285-06R | END DATE OF CARE INST/NON-INST INDICATOR ¹ | SEE BELOW | SAME AS ABOVE RECORD TYPE |

Edited Element Relationship

1-212-02R MUST MATCH AN INSTITUTIONAL PROVIDER TAXPAYER NUMBER ON THE PROVIDER FILE OR TYPE OF INSTITUTION AND/OR ZIP CODE ON THE CLAIM MUST MATCH THE TYPE OF INSTITUTION AND/OR ZIP CODE ON THE PROVIDER FILE FOR THE PROVIDER TAXPAYER NUMBER UNLESS PROVIDER IS NOT CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE (DENIAL REASON CODES M OR N).

1-212-04R² WHEN AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, THE INST/NON-INST INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE. (IF HCSR IS INSTITUTIONAL AND PROVIDER IS NON-INSTITUTIONAL, THE PROVIDER DATABASE WILL NOT CONTAIN THE NECESSARY INSTITUTIONAL DATA.)

NO ERROR: IF DENIAL REASON CODE = "M" (PROVIDER IS NOT CHAMPUS CERTIFIED) OR "N" (MULTIPLE DENIAL REASONS)
DO NOT CHECK PROVIDER FILE.

NO ERROR: IF DENIAL REASON CODE = "7" (SUSPENSE LIMITATION EXCEEDED)
TYPE OF SUBMISSION

| | |
|---|---|
| C | COMPLETE CANCELLATION OF PRIOR HCSR DATA |
| D | COMPLETE FI/CONTRACTOR DENIAL HCSR SUBMISSION |
| E | COMPLETE CANCELLATION OF NON-HCSR DATA |

DO NOT CHECK PROVIDER FILE.

¹ PROVIDER FILE

² USE 1-212-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 1-212-03R.

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Element Name: **Provider Sub-Identifier (1-215)****Validity Edits****1-215-01** MUST BE ALPHA OR NUMERIC. NO BLANKS.**Relational Edits****Related to Element****Edited Element
Relationship****Also Relates to
Element(s)**

NONE

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Element Name: **Provider Zip Codes (1-220)**

Validity Edits

- 1-220-01** MUST BE NINE CHARACTERS; EITHER 9 DIGITS, OR 5 DIGITS (NOT 5 ZEROES OR 5 NINES) FOLLOWED BY 4 BLANKS, OR 2 CHARACTERS FOLLOWED BY 7 BLANKS, OR ALL BLANKS.
- 1-220-02** FIRST 3 DIGITS (IF NUMERIC) MUST APPEAR ON VALID ZIP CODE TABLE. FIRST 2 CHARACTERS (IF NOT NUMERIC AND NOT BLANK) MUST APPEAR ON VALID COUNTRY CODE TABLE.

Relational Edits

| | Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|------------------|--------------------------------|-----------------------------|--|
| | PROVIDER ZIP CODE ¹ | SEE BELOW | PROVIDER TAXPAYER NUMBER ¹ TYPE OF INSTITUTION ¹ |
| 1-280-06R | BEGIN DATE OF CARE | | RECORD EFFECTIVE DATE ¹ , PROVIDER ACCEPTANCE DATE ¹ , PROVIDER TERMINATION DATE ¹ , AMOUNT ALLOWED |
| 1-285-06R | END DATE OF CARE | | SAME AS ABOVE |

Edited Element Relationship

- 1-212-03R** THE FIRST 5 DIGITS MUST MATCH CORRESPONDING RECORD ON THE PROVIDER FILE. BASED ON INSTITUTIONAL PROVIDER KEY PROVIDER TAXPAYER NUMBER, ZIP CODE, AND TYPE OF INSTITUTION.
- NO ERROR** IF DENIAL REASON CODE DO NOT CHECK PROVIDER FILE
- NO ERROR** IF DENIAL REASON CODE TYPE OF SUBMISSION
- M PROVIDER IS NOT CHAMPUS CERTIFIED
- 7 SUSPENSE LIMITATION EXCEEDED
- C COMPLETE CANCELLATION OF PRIOR HCSR DATA
- D COMPLETE FI/CONTRACTOR DENIAL HCSR SUBMISSION
- E COMPLETE CANCELLATION OF NON-HCSR DATA
- DO NOT CHECK PROVIDER FILE.

¹ **PROVIDER FILE**

Institutional Edit Requirements

Element Name: **Provider Participation Indicator (1-225)**

Validity Edits

1-225-01 MUST BE ONE OF THE FOLLOWING VALUES

Y YES

N NO

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|------------------------------|-----------------------------|----------------------------|
| SPECIAL PROCESSING CODE | SEE BELOW | |
| SPECIAL RATE CODE | SEE BELOW | |
| MEDICARE NUMBER ¹ | SEE BELOW | |

Edited Element Relationship

1-225-02R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE

B PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS

E HHC/CM

PROVIDER PARTICIPATION INDICATOR MUST = Y

1-225-03R MUST BE 'Y' (YES) WHEN SPECIAL RATE CODE = 'G', 'H', 'T', 'J', 'M', 'N', 'O', OR 'Q'.

1-225-04R IF THERE IS A MEDICARE NUMBER PRESENT ON THE PROVIDER FILE FOR THAT PROVIDER (IF MATCH WAS FOUND AND CORRECT HISTORY RECORD BASED ON CARE DATES WAS IDENTIFIED)

THEN THE PROVIDER PARTICIPATION INDICATOR ON HCSR MUST BE 'Y'. IF AMOUNT ALLOWED ≤ ZERO, DO NOT CHECK AGAINST PROVIDER FILE.

¹ **PROVIDER FILE**

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Element Name: **Type of Institution (1-230)**

Validity Edits

1-230-01 MUST BE A VALID TYPE OF INSTITUTION (SEE THE ADP Manual, Chapter 2, Addendum D).
MUST NOT BE BLANK.

Relational Edits

| | Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|------------------|--|------------------------------------|---|
| 1-212-03R | PROVIDER MAJOR SPECIALTY <u>OR</u> TYPE OF INSTITUTION ¹ | | PROVIDER TAXPAYER NUMBER ¹ , PROVIDER ZIP CODE ¹ |
| 1-280-06R | BEGIN DATE OF CARE | | RECORD EFFECTIVE DATE ¹ , PROVIDER ACCEPTANCE DATE ¹ , PROVIDER TERMINATION DATE ¹ , AMOUNT ALLOWED |
| 1-285-06R | END DATE OF CARE | | SAME AS ABOVE |
| | NAS EXCEPTION REASON | SEE BELOW | |
| | SPECIAL RATE CODE | SEE BELOW | |

Edited Element Relationship

| | | |
|------------------|---|--|
| 1-230-02R | TYPE OF INSTITUTION MUST BE '72' (RTC) <u>WHEN</u> NAS EXCEPTION REASON IS '5' (RTC). | |
| 1-230-03R | IF SPECIAL RATE CODE | K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE L REGION SPECIFIC PSYCHIATRIC PER DIEM RATE |
| | TYPE OF INSTITUTION MUST BE | 22 PSYCHIATRIC HOSPITAL/UNIT 52 CHILDREN'S PSYCHIATRIC HOSPITAL/UNIT |
| NO ERROR | IF DENIAL REASON CODE | M PROVIDER IS NOT CHAMPUS CERTIFIED |
| | DO NOT CHECK PROVIDER FILE | |
| NO ERROR | IF DENIAL REASON CODE | 7 SUSPENSE LIMITATION EXCEEDED |
| | TYPE OF SUBMISSION | C COMPLETE CANCELLATION OF PRIOR HCSR DATA D COMPLETE FI/CONTRACTOR DENIAL HCSR SUBMISSION E COMPLETE CANCELLATION OF NON-HCSR DATA |
| | DO NOT CHECK PROVIDER FILE. | |

¹ **PROVIDER FILE**

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Element Name: Admission Date (1-235)

Validity Edits

1-235-01 MUST BE A VALID GREGORIAN DATE.

Relational Edits

| | Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|--------------|-----------------------------------|-----------------------------|----------------------------|
| 1-085-06R | PATIENT DATE OF BIRTH | | |
| 1-235-02R | DATE HCSR PROCESSED TO COMPLETION | ≤ | |
| 1-235-03R | END DATE OF CARE | ≤ | |
| | BEGIN DATE OF CARE | SEE BELOW | FREQUENCY CODE |
| | DATE ADJUSTMENT IDENTIFIED | SEE BELOW | TYPE OF SUBMISSION |
| ¹ | FILING DATE | ≤ | |

Edited Element Relationship

1-235-04R ADMISSION DATE MUST BE < BEGIN DATE OF CARE WHEN FREQUENCY CODE IS INTERIM-INTERIM (3) OR INTERIM-FINAL (4).
 ADMISSION DATE MUST = BEGIN DATE OF CARE WHEN FREQUENCY CODE IS ADMIT THRU DISCHARGE (1) OR INTERIM-INITIAL (2).

1-235-05R ADMISSION DATE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED WHEN:

| | |
|--------------------|----------------------------------|
| TYPE OF SUBMISSION | A ADJUSTMENT |
| | C COMPLETE CANCELLATION |
| | B ADJUSTMENT OF NON-HCSR DATA |
| | E CANCELLATION OF NON-HCSR DATA |
| | F ADJUSTMENT HCSR NEW SUFFIX |
| | G ADDITIONAL DRG INTERIM BILLING |

¹ SEE 1-235-03R (ADMISSION DATE ≤ END DATE OF CARE) AND/OR
 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE) AND/OR
 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE).

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5

Element Name: Bill Classification Code (1-250)

Validity Edits

1-250-01 VALUE MUST BE '1' OR '2'

Relational Edits

Related to Element

Edited Element Relationship

Also Relates to Element(s)

SPECIAL PROCESSING CODE SEE BELOW

Edited Element Relationship

1-250-02R IF BILL CLASSIFICATION CODE = '2' (HOSPITAL BASED HOSPICE) THEN SPECIAL PROCESSING CODE MUST EQUAL '#' (HOSPICE)

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Element Name: Frequency Code (1-255)

Validity Edits

1-255-01 MUST BE WITHIN RANGE 1 - 4, 7, 8.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|-------------------------|-----------------------------|----------------------------|
| DISCHARGE STATUS | SEE BELOW | |
| SPECIAL RATE CODE | SEE BELOW | SPECIAL PROCESSING CODE |
| DRG NUMBER | SEE BELOW | |
| FREQUENCY CODE | SEE BELOW | |
| SPECIAL PROCESSING CODE | SEE BELOW | |

Edited Element Relationship

| | |
|------------------|--|
| 1-255-02R | IF DISCHARGE STATUS = 30 (STILL A PATIENT) FREQUENCY CODE MUST BE 2 INITIAL 3 INTERIM |
| | IF DISCHARGE STATUS = 01 (DISCHARGED) <u>OR</u> 20 (EXPIRED) FREQUENCY CODE MUST BE 1 ADMIT THRU DISCHARGE 4 FINAL |
| | IF DISCHARGE STATUS = 02 (TRANSFERRED) FREQUENCY CODE MUST BE 1 ADMIT THRU DISCHARGE 4 FINAL |
| 1-255-03R | IF SPECIAL RATE CODE = H, <u>OR</u> N FREQUENCY CODE MUST BE 1 ADMIT THRU DISCHARGE |
| 1-255-05R | IF SPECIAL PROCESSING CODE = D (DRG QUALIFYING FOR INTERIM PAYMENT) FREQUENCY CODE MUST BE 2 INITIAL 3 INTERIM 4 FINAL |
| 1-255-06R | IF SPECIAL RATE CODE = G, I, J, M, O <u>OR</u> Q AND SPECIAL PROCESSING CODE # D DRG QUALIFYING FOR INTERIM PAYMENT FREQUENCY CODE MUST BE 1 ADMIT THRU DISCHARGE |
| 1-255-07R | IF SPECIAL PROCESSING CODE = # HOSPICE FREQUENCY CODE MUST BE 1 ADMIT THRU DISCHARGE 2 INITIAL 3 INTERIM 4 FINAL 7 REPLACEMENT OF PRIOR CLAIM 8 VOID/CANCEL OF A PRIOR CLAIM |

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| Element Name: | Type of Admission (1-260) |
|---------------|---------------------------|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |
| 15 | 15 |
| 16 | 16 |
| 17 | 17 |
| 18 | 18 |
| 19 | 19 |
| 20 | 20 |
| 21 | 21 |
| 22 | 22 |
| 23 | 23 |
| 24 | 24 |
| 25 | 25 |
| 26 | 26 |
| 27 | 27 |
| 28 | 28 |
| 29 | 29 |
| 30 | 30 |
| 31 | 31 |
| 32 | 32 |
| 33 | 33 |
| 34 | 34 |
| 35 | 35 |
| 36 | 36 |
| 37 | 37 |
| 38 | 38 |
| 39 | 39 |
| 40 | 40 |
| 41 | 41 |
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| 83 | 83 |
| 84 | 84 |
| 85 | 85 |
| 86 | 86 |
| 87 | 87 |
| 88 | 88 |
| 89 | 89 |
| 90 | 90 |
| 91 | 91 |
| 92 | 92 |
| 93 | 93 |
| 94 | 94 |
| 95 | 95 |
| 96 | 96 |
| 97 | 97 |
| 98 | 98 |
| 99 | 99 |
| 100 | 100 |

Validity Edits

1-260-01 VALUE MUST BE IN RANGE 1 - 4.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|----------------------|-----------------------------|----------------------------|
| SOURCE OF ADMISSION | SEE BELOW | |
| NAS EXCEPTION REASON | SEE BELOW | |
| PRINCIPAL TREATMENT | SEE BELOW | |
| DIAGNOSIS | | |

Edited Element Relationship

| | | | |
|------------------|---|---|-----------|
| 1-260-02R | IF SOURCE OF ADMISSION = A THRU D (NEWBORN) | | |
| | TYPE OF ADMISSION MUST BE | 4 | NEWBORN |
| 1-260-03R | IF NAS EXCEPTION REASON | 2 | EMERGENCY |
| | TYPE OF ADMISSION MUST BE | 1 | EMERGENCY |
| | | 4 | NEWBORN |
| 1-260-04R | IF TYPE OF ADMISSION | 4 | NEWBORN |
| | PRINCIPAL DIAGNOSIS MUST | 4 | NEWBORN |
| | USE ICD-9-CM TAPE FOR TABLE OF NEWBORN DIAGNOSIS CODES. | | |

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Element Name: **Source of Admission (1-265)**

Validity Edits

1-265-01 VALUE MUST BE IN RANGES 1 - 9; A - D.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|----------------------|-----------------------------|----------------------------|
| TYPE OF ADMISSION | SEE BELOW | |
| NAS EXCEPTION REASON | SEE BELOW | |
| PRINCIPAL TREATMENT | SEE BELOW | |

Edited Element Relationship

| | | |
|------------------|---|---|
| 1-265-02R | IF TYPE OF ADMISSION SOURCE OF ADMISSION MUST BE | 4 NEWBORN A NORMAL DELIVERY B PREMATURE DELIVERY C SICK BABY D EXTRAMURAL BIRTH |
| 1-265-03R | IF NAS EXCEPTION REASON TYPE OF ADMISSION MUST BE | 2 EMERGENCY 1 EMERGENCY 4 NEWBORN |
| 1-265-04R | IF SOURCE TYPE OF ADMISSION PRINCIPAL DIAGNOSIS MUST BE USE ICD-9-CM TAPE FOR TABLE OF DIAGNOSIS/AGE RELATIONSHIPS | A NORMAL DELIVERY B PREMATURE DELIVERY C SICK BABY D EXTRAMURAL BIRTH NEWBORN |

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Element Name: Discharge Status (1-275)

Validity Edits

1-275-01 VALUE MUST BE IN RANGE 01, 02, 03, 04, 05, 06, 07, 08, 20, 30, 40, 41, AND 42.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|--------------------|-----------------------------|----------------------------|
| FREQUENCY CODE | SEE BELOW | |
| SPECIAL RATE CODE | SEE BELOW | SPECIAL PROCESSING CODE |

Edited Element Relationship

| | | |
|------------------|---|---|
| 1-275-02R | IF FREQUENCY CODE | 2 INITIAL |
| | | 3 INTERIM |
| | DISCHARGE STATUS MUST BE | 30 STILL A PATIENT |
| | IF FREQUENCY CODE | 1 ADMIT THRU DISCHARGE |
| | DISCHARGE STATUS MUST BE | 01 DISCHARGED |
| | | 02 TRANSFERRED |
| | | 03 DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF) |
| | | 04 DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF) |
| | | 05 DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION FOR INPATIENT CARE, OR REFERRED FOR OUTPATIENT CARE TO ANOTHER INSTITUTION |
| | | 06 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION |
| | | 07 LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE |
| | | 08 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER |
| | | 20 EXPIRED |
| | | 40 DIED AT HOME |
| | | 41 DIED IN MEDICAL FACILITY, SUCH AS HOSPITAL, SNF OR FREE-STANDING HOSPICE |
| | | 42 PLACE OF DEATH UNKNOWN |
| 1-275-03R | IF SPECIAL RATE CODE = H, J, N <u>OR</u> Q (CHAMPUS DRG) | |
| | DISCHARGE STATUS MUST ≠ | 30 STILL A PATIENT |
| 1-275-04R | IF SPECIAL RATE CODE = G, I, M <u>OR</u> O (CHAMPUS DRG, WITH LONG STAY <u>OR</u> COST OUTLIER) | |
| | DISCHARGE STATUS MUST ≠ | 30 STILL A PATIENT |
| | <u>UNLESS</u> | |
| | SPECIAL PROCESSING CODE | D DRG QUALIFYING FOR INTERIM PAYMENT |

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Element Name: Begin Date of Care (1-280)

Validity Edits

1-280-01 MUST BE A VALID GREGORIAN DATE.

Relational Edits

| | Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|-----------|---------------------------------------|-----------------------------|---|
| 1-280-02R | END DATE OF CARE | ≤ | |
| 1-280-03R | FILING DATE | SEE BELOW | SPECIAL PROCESSING CODE, FREQUENCY CODE |
| 1-280-04R | DATE HCSR PROCESSED TO COMPLETION | ≤ | |
| 1-280-05R | DATE ADJUSTMENT IDENTIFIED | SEE BELOW | TYPE OF SUBMISSION |
| 1-280-06R | PROVIDER TAXPAYER NUMBER ¹ | SEE BELOW | PROVIDER ZIP CODE ¹ , TYPE OF INSTITUTION ¹ , PROVIDER ACCEPTANCE & TERMINATION DATES ¹ , PROVIDER RECORD EFFECTIVE DATE ¹ , AMOUNT ALLOWED |
| 1-280-07R | PATIENT DATE OF BIRTH | ≥ | |
| 1-280-08R | ADMISSION DATE | ≥ | |
| 1-295-02R | TOTAL BED DAYS | | END DATE OF CARE |

Edited Element Relationship

| | |
|-----------|---|
| 1-280-03R | BEGIN DATE OF CARE MUST BE ≤ FILING DATE. <u>UNLESS</u> SPECIAL PROCESSING CODE D DRG QUALIFYING FOR INTERIM PAYMENT FREQUENCY CODE 3 INTERIM 4 FINAL |
| 1-280-05R | BEGIN DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED <u>WHEN</u> : TYPE OF SUBMISSION A ADJUSTMENT C COMPLETE CANCELLATION B ADJUSTMENT TO NON-HCSR DATA E CANCELLATION OF NON-HCSR DATA F ADJUSTMENT HCSR NEW SUFFIX G ADDITIONAL DRG INTERIM BILLING |
| 1-280-06R | PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR THIS BEGIN DATE OF CARE, <u>UNLESS</u> AMOUNT ALLOWED ≤ ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE. |

¹ PROVIDER FILE

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Element Name: **End Date of Care (1-285)**

Validity Edits

1-285-01 MUST BE A VALID GREGORIAN DATE.

Relational Edits

| | Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|------------------|---------------------------------------|-----------------------------|---|
| 1-235-03R | ADMISSION DATE | | |
| 1-280-02R | BEGIN DATE OF CARE | | |
| 1 | FILING DATE | | |
| 1-285-04R | DATE HCSR PROCESSED TO COMPLETION | ≤ | |
| 1-285-05R | DATE ADJUSTMENT IDENTIFIED | SEE BELOW | TYPE OF SUBMISSION |
| 1-285-06R | PROVIDER TAXPAYER NUMBER ¹ | SEE BELOW | PROVIDER ZIP CODE ² , TYPE OF INSTITUTION ² , PROVIDER ACCEPTANCE & TERMINATION DATES ² , PROVIDER RECORD EFFECTIVE DATE ² , AMOUNT ALLOWED |

Edited Element Relationship

| | |
|------------------|---|
| 1-285-05R | END DATE OF CARE MUST BE ≤ DATE ADJUSTMENT IDENTIFIED <u>WHEN</u> : |
| | TYPE OF SUBMISSION A ADJUSTMENT |
| | C COMPLETE CANCELLATION |
| | B ADJUSTMENT TO NON-HCSR DATA |
| | E CANCELLATION OF NON-HCSR DATA |
| | F ADJUSTMENT HCSR NEW SUFFIX |
| | G ADDITIONAL DRG INTERIM BILLING |
| 1-285-06R | PROVIDER MUST BE 'AUTHORIZED' ON PROVIDER FILE FOR THIS END DATE OF CARE. <u>UNLESS</u> AMOUNT ALLOWED ≤ ZERO. 'AUTHORIZED' RECORD ON PROVIDER FILE IS BASED ON PROVIDER TAXPAYER NUMBER, ZIP CODE, TYPE OF INSTITUTION, PROVIDER ACCEPTANCE AND TERMINATION DATES, AND PROVIDER RECORD EFFECTIVE DATE. |

¹ SEE 1-280-02R (BEGIN DATE OF CARE ≤ END DATE OF CARE) AND 1-280-03R (BEGIN DATE OF CARE ≤ FILING DATE).

² PROVIDER FILE

Institutional Edit Requirements**Element Name:** **Number of Births (1-290)****Validity Edits****1-290-01** VALUE MUST BE NUMERIC.**Relational Edits**

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|---|------------------------------------|--|
| PRINCIPAL TREATMENT DIAGNOSIS | SEE BELOW | TYPE OF SUBMISSION, FILING DATE, SECONDARY TREATMENT DIAGNOSIS |
| PRINCIPAL AND SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE | SEE BELOW | TYPE OF SUBMISSION, FILING DATE |

Edited Element Relationship

1-290-02R IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2, **OR** 650) NUMBER OF BIRTHS MUST BE > ZERO

WHEN

TYPE OF SUBMISSION

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

OR

TYPE OF SUBMISSION

- A ADJUSTMENT
- C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

1-290-03R IN ADDITION, IF DIAGNOSIS IS FOR MULTIPLE GESTATION (651 - 651.9, INCLUSIVE, WITH FIFTH POSITION = 1 **OR** 2), NUMBER OF BIRTHS MUST BE CONSISTENT WITH PRINCIPAL TREATMENT DIAGNOSIS.

FOR EXAMPLE, IF PRINCIPAL TREATMENT DIAGNOSIS IS 651.01 (TWIN PREGNANCY), NUMBER OF BIRTHS MUST BE = 2

WHEN

TYPE OF SUBMISSION

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0
- O AMOUNT ALLOWED > 0

OR

TYPE OF SUBMISSION

- A ADJUSTMENT
- C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

Institutional Edit Requirements

Chapter 5

Element Name: Number of Births (1-290) (Continued)

1-290-04R IF PRINCIPAL TREATMENT DIAGNOSIS IS FOR PREGNANCY-DELIVERY (640 - 669.9, INCLUSIVE, WITH FIFTH POSITION = 1 OR 2, OR 650), AT LEAST ONE SECONDARY TREATMENT DIAGNOSIS MUST BE FOR OUTCOME OF DELIVERY (V27.X), AND NUMBER OF BIRTHS MUST ALSO BE CONSISTENT WITH V-CODE. FOR EXAMPLE, IF SECONDARY TREATMENT DIAGNOSIS IS V27.3 (TWINS, ONE LIVEBORN AND ONE STILLBORN), NUMBER OF BIRTHS MUST BE = 2

WHEN

TYPE OF SUBMISSION

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT > 0

OR

TYPE OF SUBMISSION

- A ADJUSTMENT
- B COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

1-290-05R IF PRINCIPAL/SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODE IS FOR OBSTETRICS-DELIVERY (72.0 - 74.99, INCLUSIVE), NUMBER OF BIRTHS MUST BE > ZERO

WHEN

TYPE OF SUBMISSION

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING WITH AMOUNT ALLOWED > 0

OR

- A ADJUSTMENT
- C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

Chapter 5

Institutional Edit Requirements

Element Name: Total Bed Days (1-295)

Validity Edits

1-295-01 VALUE MUST BE NUMERIC.

Relational Edits

| Related to Element | Edited Element Relationship | Also Relates to Element(s) |
|---|-----------------------------|--|
| BEGIN DATE OF CARE AND END DATE OF CARE | SEE BELOW | FREQUENCY CODE, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE |
| UNITS OF SERVICE BY REVENUE CODE | SEE BELOW | REVENUE CODE, TYPE OF SUBMISSION, FILING DATE |
| GOVERNMENT AUTHORIZED BED DAYS | SEE BELOW | TYPE OF SUBMISSION, FILING DATE |
| TYPE OF SUBMISSION | SEE BELOW | FILING DATE, OVERRIDE CODE |

Edited Element Relationship

- 1-295-02R IF FREQUENCY CODE = 1 (ADMIT THRU DISCHARGE HCSR) OR 4 (FINAL HCSR) AND BEGIN DATE OF CARE ≠ END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE), UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'Y' OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).
- IF FREQUENCY CODE = 2 (INITIAL HCSR) OR 3 (INTERIM HCSR) OR BEGIN DATE OF CARE = END DATE OF CARE, TOTAL BED DAYS = (END DATE OF CARE - BEGIN DATE OF CARE) + 1, UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'Y' OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE '#' (HOSPICE OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE = '8' (CONTRACTED PROVIDER ARRANGEMENT)).
- 1-295-03R TOTAL BED DAYS MUST BE ≤ SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES WHICH INDICATE THAT A ROOM WAS USED (10X - 18X, 20X - 21X, OR 724).
- 1-295-04R TOTAL BED DAYS MUST BE ≥ GOVERNMENT AUTHORIZED BED DAYS
- 1-295-05R TOTAL BED DAYS MUST BE > ZERO WHEN
- | | |
|---------------------------------|----------------------------------|
| TYPE OF SUBMISSION ¹ | I INITIAL SUBMISSION |
| | R RESUBMISSION OF ERROR REJECT |
| | O ZERO PAYMENT |
| | F ADJUSTMENT NEW SUFFIX |
| | D COMPLETE DENIAL |
| | G ADDITIONAL DRG INTERIM BILLING |
- OR
- | | |
|--------------------|-------------------------|
| TYPE OF SUBMISSION | A ADJUSTMENT |
| | C COMPLETE CANCELLATION |
- WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;
- NO OCCURRENCE OF OVERRIDE CODE = 'Y'
- NO OCCURRENCE OF SPECIAL PROCESSING CODE = '#'

¹ THIS TYPE OF SUBMISSION RELATIONSHIP APPLIES TO ALL EDITS ON THIS PAGE.